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Substitute for Form PTO-875  CLAIMS AS FILED - PART I (Column 1) (Column 2)  FOR NUMBER FILED NUMBER EXTRA  FEE R 1.16(4)) CLAIMS	SMALL ENTITY	1/0	1 110	472
(Column 1) (Column 2)  FOR NUMBER FILED NUMBER EXTRA.  FEE R 1.16(a))		- 00/	/	
FEE R 1.16(a))		OR OTHER THAN SMALL ENTITY		
R 1.16(a))	RATE . FEE	7 .		1
		1	RATE	FEE
		, OR	<del> </del>	.5
R 1.16(c) minus 20 =	X 5 =	OR ·	K s=	
R 1.16(b)) minus 3 =	X1=	OR	X 5 =	-
PLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))	+1=	OR	.+5	
difference in column 1 is less than zero, enter "0" in column 2	TOTAL	OR.	TOTAL	
CLAIMS AS AMENDED - PART II			70.12	·
S/ A/				
Column 1) (Column 2) (Column 3	SMALL ENTITY	OR		THAN
CLAIMS HIGHEST PRESENT		ſ	SMALL	ENTITY
AFTER PREVIOUSLY EXTRA	RATE ADDI-		RATE	ADDI-
Total AMENDMENT PAID FOR	FEE			TIONAL
COR 1.14(e)) 20	+ x1	OR	x s =	
dependent CFR 1,14(bi) 3 Klinus 3 =	+ xs = :			<del>                                     </del>
RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))		OR	× 5=	<del></del>
(3) CFR 1.10(a))	1 ts	OR _	+5=	1
	ADO'L FEE	OR	ADD'S FEE	
(Column 1) (Column 2) (Column 3)	<u> </u>		•	(
AL AL REMAINING HIGHEST PRESENT	RATE ADDI-	F	2075	
AFTER PREVIOUSLY EXTRA	TIONAL	i	RATE	ADDI- TIONAL
Total 26 Minus " DD = 6	FEE	.}-		FEE
ependent . Alique	X3	OR	X 5 =	300
CÉR + 14(0)1 3 40	X 5 =	OR I	x s =	25-
ST PRESENTATION OF CULTIPLE DEPENDENT CLASS (3) CFF : 1969	+1 :	OR .		
	FOTAL		TOTAL	
• .	ADO'L FEE		AOD'L FEE	<i>30</i> 0 '
(Column 2) (Column 3)			••	
CLAMS - HIGHEST PRESENT NUMBER PRESENT	RATE ADDI-	ſ	2475	
AFTER PREVIOUSLY EXTRA AMENDMENT PAID FOR	TADNAL	1	. RATE	ADDI: TIONAL
Total Minus - :	FEE	⊢	<del> -</del>	FEE
pendent . Minus	X 1 =	OR X	: s =	
FR ( 14(b))	x 1 =	OR X		
ST PILESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR + 16(d))	+3 2	_		···········
	TOTAL	~	OTAL	<del></del>
he entry in column 1 is less than the entry in column 2, write "0" in column	AOO'L FEE		OO'L FEE	
this heat Number Previously Paid For In His SPACE is less than 20 e "Highest Number Previously Paid For In His SPACE is less than 20 e "Highest Number Previously Paid For In His SPACE is less than 3.0				

the Trighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time with vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tradehiars Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.